



Request for Compliance Interpretation

Business Name: _____

Salina Address: _____

Contact Person: _____

Phone Number: _____

I have read the information provided by the City regarding the restaurant smoking ordinance, but still have questions as to how it may apply to my business and how I may come into compliance.

Question. (please provide as much detail as possible)

Mail To:

City Manager's Office
City of Salina
P.O. Box 736, 300 West Ash
Salina, KS 67401
(785) 309-5700

I would like:

_____ a phone call

_____ a written response

_____ a site visit at the restaurant with a city staff member to evaluate the situation.

AFFIDAVIT FOR DRINKING ESTABLISHMENT WAIVER
FROM REGULATION OF SMOKING IN RESTAURANTS

STATE OF KANSAS, COUNTY OF SALINE, ss:

_____, of lawful age, being first duly sworn on oath deposes and states as follows:

1. I am (check and complete correct classification):

- ☐ an individual
- ☐ agent for _____, a corporation,
- ☐ agent for _____, a limited liability company,
- ☐ general partner for _____, a partnership,

and holder of drinking establishment licenses issued by the State of Kansas and the City of Salina, Kansas (the "Licensee") for the premises located at _____, Salina, Kansas (the "Licensed Premises") and known as _____ (the "Drinking Establishment").

2. This Affidavit is made pursuant to Salina Code Section 30.5-7 and for the purpose of applying for the waiver for certain licensed drinking establishments from the requirements of Chapter 30.5 of the Salina Code regarding smoking in restaurants (the "Waiver").

3. I am personally familiar with the gross receipts from the sale of food and beverage for consumption on the Licensed Premises of the Drinking Establishment.

4. In a 12 month period, the sales of food for consumption on the Licensed Premises of the Drinking Establishment are not in excess of thirty percent (30%) of the gross receipts from all sales of food and beverages for consumption on the Licensed Premises.

5. I acknowledge that the City of Salina may, at its discretion and from time to time, require from the Licensee copies of its filings with the Kansas Department of Revenue in order to verify the Licensee's food sales ratio, with the understanding that the City will maintain the confidentiality of those filings to the extent allowed by law. I also acknowledge that failure to provide copies of those filings when required by the City may result in revocation of the Waiver.

6. I acknowledge that if, in a 12 month period, the sales of food for consumption on the Licensed Premises increase so as to exceed thirty percent (30%) of the gross receipts from all sales of food and beverages for consumption on the Licensed Premises, it shall be the duty of the Licensee to report to the City Clerk that the Licensee no longer qualifies for the Waiver and to fully comply with the provisions of Chapter 30.5 of the Salina Code.

Further Affiant saith not.

Subscribed and sworn to before me this ____ day of _____, 20__.

Notary Public

My appointment expires: